



INSPECTION/MAINTENANCE FORM for Stormwater Control Measures (SCMs)

Use this form to record quarterly inspection and
maintenance activities for all onsite SCMs



Date Stamp – City Use

Property Address _____ Parcel ID _____

Property Owner _____ Phone _____

Owner E-mail _____

Contact Person _____ Phone _____

Contact Person E-mail _____

Inspection Company (if different than owner) _____

Company Address _____

Contact _____ Phone _____

Contact E-mail _____

*** Place a check by the types of all SCMs on site and include the total number of each.**

NO.	SCM	NO.	SCM
	Detention Pond		Constructed Wetland
	Retention Pond		Sand Filter
	Underground Detention		Stream Buffer
	Bio-Retention Pond		Street Sweeping
	Bio-Retention Swale		Disconnected Impervious Area
	Vegetated Swale		Stormwater Planter Box
	Pervious Pavement		Naturalized Basin
	Green Roof		Naturalized Swale
	Water Reuse		Oil Skimmer/Baffle
	Infiltration Bed		Manufactured Device (i.e. water quality unit)
	Infiltration Trench		Other:
	Infiltration Berm		Other:

* Definitions of SCM types can be found in the City's Rainwater Management Guide and City Code.

** Use one sheet for each Stormwater Control Measure (SCM)*

***SCM:** _____ (pictures required)

Details of structure (location, ID #, etc.): _____

Approximate date of installation: _____

Date of Last Inspection: ____/____/____

This Inspection Date: ____/____/____ Time: _____

Condition of this SCM (use the numerical ranking below): _____

- 3: Excellent condition (No Maintenance Needed)
- 2: Acceptable condition (No Maintenance Needed)
- 1: Needs improvement (Some Maintenance Needed)
- 0: Poor condition (Major Maintenance Needed)

List improvement or maintenance activities **conducted** since last inspection:

Description of **current** condition:

List **needed** improvement and maintenance activities:

Inspector Name: _____

Signature:

Date: